

PATENT APPLICATION FEE DETERMINATION RECORD					Application or Docket Number <b>9-13528-122US</b>		
<b>CLAIMS AS FILED - PART I</b>					SMALL ENTITY OR OTHER THAN SMALL ENTITY		
(Column 1)		(Column 2)					
FOR	NUMBER FILED	NUMBER EXTRA			RATE	FEE	
BASIC FEE (37 CFR 1.16(a))				RATE	FEE		
TOTAL CLAIMS (37 CFR 1.16(c))	36	minus 20 = *	16		OR	\$ 710	
INDEPENDENT CLAIMS (37 CFR 1.16(b))	3	minus 3 = *	0		OR	x \$ 18 = 288	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))					OR	x 80 = 0	
					OR	+ =	
TOTAL					OR	TOTAL 998	
* If the difference in column 1 is less than zero, enter "0" in column 2.							
<b>CLAIMS AS AMENDED - PART II</b>					SMALL ENTITY OR OTHER THAN SMALL ENTITY		
(Column 1)		(Column 2)		(Column 3)			
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDITIONAL FEE	
	Total (37 CFR 1.16(c))	Minus	**		OR	RATE	
	Independent (37 CFR 1.16(b))	Minus	***		OR	ADDITIONAL FEE	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					OR	ADDITIONAL FEE
						OR	ADDITIONAL FEE
(Column 1)		(Column 2)		(Column 3)			
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDITIONAL FEE	
	Total (37 CFR 1.16(c))	Minus	**		OR	RATE	
	Independent (37 CFR 1.16(b))	Minus	***		OR	ADDITIONAL FEE	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					OR	ADDITIONAL FEE
						OR	ADDITIONAL FEE
(Column 1)		(Column 2)		(Column 3)			
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDITIONAL FEE	
	Total (37 CFR 1.16(c))	Minus	**		OR	RATE	
	Independent (37 CFR 1.16(b))	Minus	***		OR	ADDITIONAL FEE	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					OR	ADDITIONAL FEE
						OR	ADDITIONAL FEE

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.  
 Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09750217

## CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	30 minus 20 =	10
INDEPENDENT CLAIMS	3 minus 3 =	0
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY  
TYPE ☐

OR

OTHER THAN  
SMALL ENTITY

RATE	FEE
BASIC FEE	355.00
X\$ 9=	
X40=	
+135=	
TOTAL	

RATE	FEE
BASIC FEE	710.00
X\$18=	288
X80=	
+270=	
TOTAL	998

## CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**
	Independent	*	Minus	***
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL ADDIT. FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**
	Independent	*	Minus	***
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL ADDIT. FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**
	Independent	*	Minus	***
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.